MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/672200

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2								52						
3								53						
4								54						
5								55						
6								56						
7								57						
8								58						
9								59						
10								60	Cancel					
11								61						
12								62						
13								63						
14								64						
15								65						
16	Cancel							66						
17								67						
18								68						
19								69						
20								70						
21								71						
22								72						
23								73						
24								74						
25								75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
32	Cancel							82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41	Cancel							91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.								TOTAL IND.	8					
TOTAL DEP.								TOTAL DEP.	48					
TOTAL CLAIMS								TOTAL CLAIMS	56					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMDENDMENTS

Best Available Copy

U.S. DEPARTMENT OF COMMERCE